

FITZPATRICK, CELLA, HARPER & SCINTO

650 Town Center Drive
Suite 1600
Costa Mesa, California 92626-7130
(714)540-8700
Facsimile:(714)540-9823

RECEIVED
CENTRAL FAX CENTER

DEC 05 2005**FACSIMILE COVER SHEET**

TO:	Examiner B. Menberu U.S. Patent and Trademark Office	
FROM:	Frank L. Cire, Reg. No. 42,419	
RE:	U.S. Application No. 09/964,656 Atty. Docket No. 03500.015844.	
FAX NO.:	571-273-8300	
DATE:	December 5, 2005	NO. OF PAGES: 17 <small>(including cover page)</small>
TIME:	SENT BY:	

MESSAGE

Attachments: Amendment After Final Rejection
Amendment Transmittal w/Deposit Acct. Authorization (\$200)

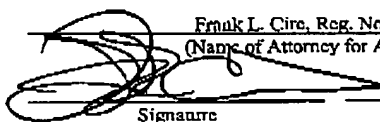
I hereby certify that this correspondence is being transmitted via facsimile
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450, (571) 273-8300, on

December 5, 2005

(Date of Deposit)

Frank L. Cire, Reg. No. 42,419

(Name of Attorney for Applicant)



December 5, 2005

Date of Signature

**IF YOU DO NOT RECEIVE ALL THE PAGES
PLEASE CALL 714-540-8700 AS SOON AS POSSIBLE.**

Note: We are transmitting from a Canon Model FAX-L770 (compatible with any Group I,
Group II or Group III machine).

THIS FACSIMILE MESSAGE AND ACCOMPANYING DOCUMENTS ARE INTENDED ONLY FOR THE USE OF THE ADDRESSEE INDICATED ABOVE. INFORMATION THAT IS PRIVILEGED OR OTHERWISE CONFIDENTIAL MAY BE CONTAINED THEREIN. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, REVIEW OR USE OF THIS MESSAGE, DOCUMENTS OR INFORMATION CONTAINED THEREIN IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS MESSAGE IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE OR FACSIMILE AND MAIL THE ORIGINAL TO US AT THE ABOVE ADDRESS. THANK YOU.

Response Under 37 CFR § 1.116
Expedited Procedure - Group 2626

In re Application of:

TAKASHI KISE

Application No.: 09/964,656

Filed: September 28, 2001

For: CONTROLLER, IMAGE FORMING SYSTEM,
 CALIBRATION CONTROL METHOD,
 CALIBRATION CONTROL PROGRAM, AND
 MEMORY MEDIUM STORING THEREIN
 CALIBRATION CONTROL PROGRAM

Docket No.

03500.015844.

Examiner: B. Menbcrn

Group Art Unit: 2626

Date: Monday, December 5, 2005

Mail Stop AF
 THE COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 21	MINUS	** 28	= 0	x \$25 \$50	0
INDEP. CLAIMS	* 6	MINUS	*** 5	= 1	x \$100 \$200	\$200.00
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$200.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

I hereby certify that this correspondence is being transmitted via facsimile
 to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-
 1450, (571) 273-8300, on

December 5, 2005
 (Date of Deposit)


Frank I. Circ, Reg. No. 42,419
 (Name of Attorney for Applicant)

Signature

December 5, 2005
 Date of Signature

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☒ Charge \$200.00 to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, CA office at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Frank L. Cire
Attorney for Applicant
Registration No. 42,419

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

Form #120

CA_MAIN 105949v1

Page 2 of 2

RECEIVED
CENTRAL FAX CENTER

DEC 05 2005

Response Under 37 CFR § 1.116
Expedited Procedure - Group 2626

03500.015844.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: B. Menberu
TAKASHI KISE)
: Group Art Unit: 2626
Application No.: 09/964,656)
: Filed: September 28, 2001)
: For: CONTROLLER, IMAGE)
: FORMING SYSTEM,)
: CALIBRATION CONTROL)
: METHOD, CALIBRATION)
: CONTROL PROGRAM, AND)
: MEMORY MEDIUM STORING)
: THEREIN CALIBRATION)
: CONTROL PROGRAM)
: Monday, December 5, 2005

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

Sir:

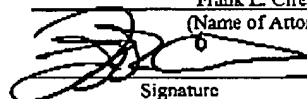
In response to the Office Action dated October 4, 2005, please amend the
above-identified application as follows:

12/07/2005 BABRAHA1 00000018 061205 09964656
01 FC:1201 200.00 DA

I hereby certify that this correspondence is being transmitted via facsimile
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450, (571) 273-8300, on

December 5, 2005
(Date of Deposit)

Frank L. Cire, Reg. No. 42,419
(Name of Attorney for Applicant)



Signature

December 5, 2005
Date of Signature